

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/671526	FILING DATE	02/05/07
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	X					
10	X					
11	1					
12	1					
13						
14	Canceled					
15						
16	Canceled					
17	1					
18						
19						
20						
21	Canceled					
22						
23						
24						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4		↓		↓	
TOTAL DEP.	17	←		←		←
TOTAL CLAIMS	21	APPLIED FOR	ADMITTED	OPPOSED		

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
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59					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		←		←	←
TOTAL CLAIMS		APPLIED FOR	ADMITTED	OPPOSED	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS